

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STATE BOARD OF MEDICAL EXAMINERS
C/O H. JOSEPH FALGOUT, MD and MARK H. LEQUIRE, MD
CO-EXECUTIVE DIRECTORS
PO BOX 946
MONTGOMERY, AL 36101-0946



9590 9402 2170 6193 0252 71

2. Article Number (Transfer from service label)

7016 1970 0000 9008 7780

A. Signature

 Agent Addressee

B. Received by (Printed Name)

Scott Johnson

C. Date of Delivery

AUG 17 REC'D

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

2018CV719cls

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery